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ABSTRACT

Using recent research on public attitudes about higher education some principles of public opinion formation may help higher education respond to its current challenges. That research shows parallel public attitudes to higher education and health care reform. On both issues people want change. They are not sure what is wrong, but they are scared about rising costs and worried that something they value may be moving out of reach. The evolution of public opinion is complicated; citizens go through a complex and subtle progression of seven stages as they learn about issues, confront them, and develop firm and stable views about what should be done. Thus the challenge is to understand which opinions are firmly held and unlikely to change. The stages of public opinion formation yield the following lessons for higher education: (1) realize that the public is on a different timetable from leadership, usually far behind in developing their opinions; (2) be realistic about the public's resistance and work to understand it and to address it; (3) give the public real choices and spell out their costs and tradeoffs; (4) frame higher education choices in terms of the core values that people say are important to them; and (5) be patient as public opinion formation sometimes takes years. (JB)

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ED 368 247

LISTENING TO THE PUBLIC: THE KEY TO A CONSTRUCTIVE DEBATE ABOUT HIGHER EDUCATION

American Association of Higher Education
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Chicago, Illinois
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Remarks Delivered By
Deborah Wadsworth
Executive Director, Public Agenda

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AAHE/Deborah Wadsworth

Many thanks for the kind introduction.

Pat and Jim Harvey have shared with you recent research on public attitudes about higher education, including the research we did in California recently on behalf of the California Higher Education Policy Center.

In inviting me to join them on the panel today, I was asked to step back from these specifics a bit and discuss some of the broader implications of our research -- specifically, how leaders like you can begin to make use of our findings, and public opinion research in general, in your own efforts to deal with the challenges facing higher education.

So, in the next 15 minutes or so I'd like to explore three issues with you:

- First... some of the interesting parallels we found between public attitudes on higher education and attitudes about health care.

- Second... how public opinion is formed or evolves on issues like these.

- And finally, within that framework, some ways that you as leaders in higher education might benefit from some lessons learned from the current healthcare debate.

Parallel Public Attitudes

In examining public attitudes about higher education in California, we were struck by several similarities to the public's attitudes toward reforming health care.

On both issues, people want change, although they aren't clear about what kind of change they want... yet. They're not even sure what exactly is wrong. But they're scared: alarmed about rising costs and worried that something they value very much -- quality education or quality health care -- may be moving out of reach.

The study we completed for the California Center includes survey data that pinpoint how closely these two issues track in the public's mind. For example, 91 percent of Americans believe money should not be an obstacle to receiving first-class medical care; similarly, 84% of Californians believe price should not prevent any qualified and motivated student from getting a

first-class education.

Two-thirds of those surveyed think healthcare and tuition costs are rising too fast. And about the same percentage single out issues like mismanagement, waste, fraud and abuse as major reasons for the sticker shock.

I do not want to overstate the parallels between these two issues. At the same time, they offer a useful opening to discuss the main topic of my remarks today: how to put data like these in some kind of meaningful context.

How To Read Public Opinion

In Public Agenda's research and experimentation for the past two decades, we have learned that the evolution of public opinion on any issue is a lot more complicated than leaders or journalists tend to think.

We have learned that citizens go through a very complex and subtle progression as they learn about issues, confront them and develop firm and stable views about what should be done. More likely than not, the public's

initial opinions on any given issue will be very unstable at the start -- likely to change with unpredictable frequency as they learn more, as they are bombarded with advertising and other information, and as they reflect on the proposed solutions.

This is why polling results that show up in the news are often so misleading. Many journalists leave the impression that the percentages on any given issue are quite solid, when in fact the opposite often is true: the polls simply reveal what people believe about a certain issue at a given moment in time.

The real challenge is to understand which opinions are firmly held and unlikely to change -- and which are more ephemeral.

An important part of Public Agenda's mission is to understand distinctions such as these -- and to help leaders make sense of what the public is saying at any given time and to help the public better understand the points of view of leaders and experts.

Our understanding of public opinion differs from that of most journalists and political leaders in important ways. They tend to see public opinion

unfolding in a rather neat, three-stage process:

The first stage is consciousness-raising, where the press informs citizens about an issue -- whether it's rising college tuitions or the millions of uninsured Americans.

The press then explains a variety of options -- often specific proposals or pieces of legislation -- which citizens consider in an "open marketplace of ideas."

In the third and last stage, citizens join leaders in choosing from among the alternatives put forward, accepting whatever changes or compromises might be necessary.

Our experience, however, shows that this scenario is much too simplistic. Public understanding typically progresses through a longer and more complicated, seven-stage process.

Let me discuss this progression -- and then we'll explore some implications for the higher education debate.

Stage 1 is Awareness. This is similar to consciousness-raising in the previous model. As the "watchdog for the public," the media is very good at this stage -- raising the red flag, blowing the whistle, providing the wake-up call.

Stage 2 is Urgency. There's an important and often-overlooked distinction between simply being aware of a problem and believing that it needs forceful and immediate action. Health care is a good example. People have been vaguely aware of the "crisis" for years. But it took the recurring round of job layoffs to make this a front-burner issue. Millions of Americans finally started making the connection that it could happen to them -- that they could lose both their job and their healthcare benefits. There's no question that the healthcare debate has now reached the Urgency stage.

Stage 3 is what we call the Search for Solutions. This is when people are convinced there's a problem, that it's urgent and that it's time to begin exploring solutions.

But this is the stage where, on many issues, public opinion begins to diverge from leadership opinion in important ways. Let me explain. By this stage, (on the issue of healthcare reform, for example) leaders, experts, and

politicians have attended lots of meetings like this, read and written a lot of white papers. They've been wrestling with pros and cons of various options. They've explored alternatives. They're ready to vote.

The public, however, is not. At this stage, most Americans still haven't thought through the real nature of the problem. Nor have they begun to grapple with the tradeoffs and costs of various options. I might add that the press traditionally has been of little help in this stage. Many journalists, like experts, unrealistically assume that the public has kept as up-to-date on policy issues as they have. That's usually not the case.

Stage 4 is Resistance. This is the most difficult and problematic stage of all. What tends to happen here is that, as people focus in on options, they get derailed by misconceptions or misunderstandings. Often this manifests itself by people clinging to wishful thinking and easy answers. While these might have an element of truth to them, they do little to address the real problem.

In the healthcare debate, most people are somewhere between stages 3 and 4 --with large majorities of Americans still clinging to the belief that costs

can be contained if only the government would crack down on waste, fraud and abuse.

Ironically, the media and leadership virtually ignore this resistance stage. Yet very often, this is precisely where the dialogue between leaders and citizens breaks down -- where the two sides seem to be on different wavelengths, speaking different languages.

Stage 5 is a Rational Consideration of Choices. This is when people have gotten past their resistance. They've relinquished the easy but incomplete answers. Now they're ready to weigh real choices. They're ready to look at the costs of various options and to carefully weigh the pros and cons of each. This is a stage where the media and leaders such as yourselves can be especially valuable -- in helping people make a thoughtful, side-by-side appraisal of options.

In the healthcare debate, for instance, we have learned from our recent research that people have several unconditional priorities. They want everyone covered and they want high-quality care, centered around the preservation of a close, personal relationship with a caring doctor. And,

they are very skeptical about government involvement. While they believe government might play a role in mandating coverage, the idea that government could drive a better bargain for consumers is ludicrous.

None of the current plans being debated in Congress adequately addresses all three of these priorities. Some cover everyone, but at the expense of too much government and the risk of impersonal care. Others diminish the role of government, but don't cover everyone. And so forth.

The point is this: It would be especially useful if the media compared how each plan addresses these three public priorities -- juxtaposing the various options against one another and laying out the pros and cons of each to help people think this through.

In some ways, this fifth stage is the pivotal one, the turning point. Once people weigh the pros and cons of different approaches, they're very close to making a reasoned decision -- the kind of public opinion that is solid and stable.

Stage 6 is Intellectual Acceptance. Citizens intellectually commit to a course of action before they come to accept it fully. For instance, most Americans unreservedly support the right of free speech -- as a concept. But unlike committed civil libertarians, most Americans have not thought through or fully accommodated themselves to all the uncomfortable implications of their beliefs. That is, they're all for free speech, but they might not be ready to accept cross-burnings in their hometowns or the Nazis marching through Skokie.

Stage 7 is Full Acceptance. The final stage of public thinking is full acceptance of a course of action -- a commitment to the choice and tolerance of whatever drawbacks or imperfections may come with it. Over the past 40 years, for instance, millions of American women have entered the workforce. Controversies about women's competence, their "natural" role, their impact on men's ability to support families, and the effect of working mothers on children have accompanied this dramatic social and economic shift in American life.

While there may still be disagreement about related sub-issues such as affirmative action, publicly funded day care, and the pace of women's

advancement to senior management positions, the vast majority of Americans have fully accepted both the right and economic necessity of working women. For most Americans, there is just no "going back" on this issue. That's full acceptance.

Lessons: Implications for Higher Education

So, what does all of this have to do with higher education? Let me try to distill five relevant lessons from our experience.

1. Be mindful of the likelihood that the public is on a different timetable from you and, as a consequence, may be far from ready to debate the issue as you have framed it. On health care, for instance, the public is not nearly as far along as leadership -- at best, they may be ready to move from stages 3 and 4 into stage 5 -- clarifying many misconceptions and beginning to let go of some easy answers and painless solutions, but not nearly ready to make the tough choices among competing plans.

On higher education, my guess is that most people are at the very beginning of this journey -- somewhere between stage 1 -- awareness -- and stage 2 -- urgency.

The lesson is this: Know where the public is on the public opinion continuum and don't get too far out in front. It could slow you down in the long run. That's what has happened in the K-12 education debate, where leaders want to talk about inventing 21st century schools, while the public wants to talk about traditional values (back to basics). The public is stonewalling on education reform, in part because it has not yet let go of easy solutions and accepted the reality that giving students basic skills is only a partial answer to today's learning challenges.

2. Be realistic about the public's resistance, work to understand it and then address it directly. On health care, for instance, it will be important for leaders to acknowledge that waste, fraud and abuse are real problems and not to downplay them as tangential to the more fundamental problems, such as the aging population and increased use of technology.

But once leaders have acknowledged the public's issues, they then have a responsibility to help people see that the easy answers alone will fall short of solving the problem.

On higher education issues, I suppose my advice boils down to this: Don't deny there are some administrative inefficiencies, but help people see that cutting waste alone probably won't provide all of the necessary, low-cost access to quality education that people say is their top priority.

3. Give people real choices and spell out their costs and tradeoffs. Help people deal with the inconsistencies of certain positions. This takes time and patience. But many leaders have the tendency to jump straight from analysis to advocacy -- to wrestle with a position, make a choice and then push it.

That's understandable, but maybe short-sighted. If leaders don't give people a chance to go through the same kind of rational, time-consuming, deliberative process, they may find themselves up against the kind of revolt that occurred following the passage of the catastrophic care bill in the Congress.

4. To the extent possible, frame higher education choices in terms of the core values that people say are important to them. As Pat mentioned earlier, our research in California uncovered three bedrock values and a

deep sense of anxiety about higher education. People are deeply committed to access, yet troubled that rising costs might restrict access for qualified students. But people are also focused on providing low-cost access to students who are highly motivated and very well-qualified. And the public believes in the idea of reciprocity: students must contribute to their education costs. There's no free lunch. Thus, we see strong support for a proposal that gives students an opportunity to work for their college aid, but less support for approaches such as loans and grants.

And 5. Be patient. The seven-stage evolution of public thinking from volatile opinion to reasoned judgment takes a long time -- sometimes years.

Don't forget, experts like you spend much of your time worrying about issues like this at conferences such as this, by reading journal articles and writing white papers, and by doing other activities that keep issues like tuition, access and educational quality uppermost in your minds.

But the public doesn't have as much time to spend on your issues. When it comes to considering education policy, they're part-timers. That means you

need to keep at it for as long as it takes to clearly explain a variety of options and points of view.

The good news is that there is very strong public support for quality higher education. In that sense, half of your communications battle is won. You don't have to persuade people that you're giving them something of value. They know it.

The challenge for you is to stimulate more and better public debate about how to ensure access for qualified and motivated students and contain costs. Needless to say, the solutions may differ from state to state and you know better than I what mix of reforms will be needed in your own institutions.

The public is counting on you to come up with these solutions. But in the process, they're also counting on you to level with them...to make clear the implications of the choices...to deal head on with the issues of costs versus access...and to make them part of whatever decisions are reached. In short, the public expects to have a role in this very important conversation. And, from my perspective, that is a very legitimate expectation.

HEALTH CARE AND HIGHER EDUCATION

	HEALTH CARE (NATIONAL SURVEYS)	HIGHER EDUCATION (CALIFORNIA ONLY)
MONEY SHOULD NOT BE AN OBSTACLE	**91%** think that "everybody should have the right to get the best possible health care—as good as the treatment a millionaire gets."*	**84%** think we should not allow the price of a college education prevent students who are qualified and motivated from going to college.
COSTS RISING FASTER THAN INFLATION	**74%** say they are satisfied with the quality of care available to themselves and their families.***	**64%** think college prices going up at a faster rate.
BASIC SATISFACTION WITH QUALITY	**64%** think that health care costs are rising "much faster" than the overall rate of inflation.**	**55%** think quality of education is same or better than ten years ago, although only a plurality (47 percent) think colleges are teaching important things students need to know.
CONCERNS ABOUT ACCESS	**59%** worried that they might lose health insurance if they lose or change jobs.***	**73%** think getting a college education will be more difficult in the future.
WASTE FRAUD AND ABUSE A BIG PART OF THE PROBLEM	**67%** think greed and profits in health care system a major reason for escalating costs.***	**61%** percent state mismanagement major factor in escalating fees for public colleges and universities.
SUPPORT BASIC CHANGES IN SYSTEM	**81%** want complete overhaul or major changes in health care system.***	**64%** want fundamental overhaul.

* Harris 1987
** Public Agenda/EBRI, 1991
*** Martilla and Kiley/ Harvard School of Public Health, 1993

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